



BRAIN INJURY ASSOCIATION OF MONTANA

PREVENTION · EDUCATION · ADVOCACY

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EXHIBIT 1
DATE 2-9-07
HB HB 441

February 9, 2007

The Hon. Jon Sonju, Chair
House Transportation Committee

In support of HB 441

Dear Rep. Sonju and Members of the Committee,

The Brain Injury Association respectfully requests that Committee support HB 441, requiring people who are registering their motor vehicles to choose to opt out of the \$1.00 contribution to the traumatic brain injury fund. We are very grateful to Rep. Carol Lambert for championing this important effort on behalf of individuals and families living with traumatic brain injury.

The Brain Injury Association is currently struggling to maintain the Resource Facilitation Service, an innovative self-advocacy support service available to brain injury survivors and their families. During its first year, RFS served 284 survivors, many of whom were referred by hospitals at discharge.

Montana's RFS is faithful to the model developed in Minnesota and uses their software to schedule calls and track cases. It is a two-year program because research has shown that the effects of brain injury may take that long to become evident. Just as importantly, it contacts survivors immediately after hospital discharge, when individuals and families first begin struggling to understand how their lives have changed. RFS is especially valuable for the hundreds of people who receive mild to moderate brain injury, because while the changes they and their families experience are profound, services are very few.

The Association is very proud of its role in developing the RFS, in partnership with the Montana Council on Disabilities and the Senior and Long Term Care Division, and with funding provided by a federal Traumatic Brain Injury Demonstration Grant. Since the first grant installment in 2001, the Association has helped the state conduct a needs assessment, identify the most promising services models, and then build the RFS, which just completed its pilot year. Now, the Demonstration Grant has concluded and a very small implementation grant provides limited support. Without state funding, the Association will be unable to sustain RFS.

There are more than 10,000 Montanans living with disability as a result of traumatic brain injury and there will be more. Today, their ranks are being swelled by returning veterans of the Iraq war who report receiving little or no assistance from the Veteran's Administration in understanding and coping with brain injury.

Please help us to protect our investment in this valuable public health service.

A BRAIN INJURY ASSOCIATION AFFILIATE

Yours truly,

Anita Rasmussen

for

Lucas Foust,
President, Board of Directors

Montana Code Annotated 2005

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2-15-2218. Traumatic brain injury account. (1) There is a traumatic brain injury account in the state special revenue fund for purposes of traumatic brain injury prevention, education, and support.

(2) Money in this account may be used by the department of public health and human services to fund the advisory council and to provide grants for public information and prevention education regarding traumatic brain injury.

History: En. Sec. 2, Ch. 449, L. 2003.

Provided by Montana Legislative Services

TBI FUND (HB 698 Account SSR)					
1/9/2007					
	Date	Income	Income Per Day	Expenses	TBI Fund Balance
	9/23/2004	\$2,479			\$2,479
	1/24/2005	\$957	\$7.78		\$3,435
	4/6/2005	\$835	\$11.60		\$4,270
	7/26/2005	\$1,205	\$10.85		\$5,475
	11/30/2005	\$892	\$7.02		\$6,367
	1/30/2006	\$329	\$5.39		\$6,696
	3/28/2006	\$482	\$8.46		\$7,178
	5/18/2006	\$386	\$7.57		\$7,564
	9/6/2006	\$1,716	\$15.46		\$9,280
	1/9/2007	\$2,921	\$23.36	\$1,538	\$10,663
Difference	838	\$9,722			
Avg Per Day	\$11.60				
Meeting Costs	Earned Per Year	Cost Per Meeting	Meetings per year		
	\$4,235	\$1,600	2.65		

Facts about Traumatic Brain Injury

What is a traumatic brain injury?

A traumatic brain injury (TBI) is defined as a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. Not all blows or jolts to the head result in a TBI. The severity of such an injury may range from "mild," i.e., a brief change in mental status or consciousness to "severe," i.e., an extended period of unconsciousness or amnesia after the injury. A TBI can result in short or long-term problems with independent function.

How many people have TBI?

Of the 1.4 million who sustain a TBI each year in the United States:

- ♦ 50,000 die;
- ♦ 235,000 are hospitalized; and
- ♦ 1.1 million are treated and released from an emergency department.¹

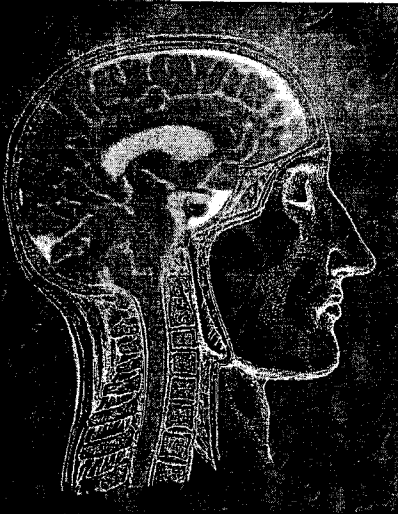
The number of people with TBI who are not seen in an emergency department or who receive no care is unknown.

What causes TBI?

The leading causes of TBI are:

- ♦ Falls (28%);
- ♦ Motor vehicle-traffic crashes (20%);
- ♦ Struck by/against events (19%); and
- ♦ Assaults (11%).¹

Blasts are a leading cause of TBI for active duty military personnel in war zones.²



Who is at highest risk for TBI?

- ♦ Males are about 1.5 times as likely as females to sustain a TBI.¹
- ♦ The two age groups at highest risk for TBI are 0 to 4 year olds and 15 to 19 year olds.¹
- ♦ Certain military duties (e.g., paratrooper) increase the risk of sustaining a TBI.³
- ♦ African Americans have the highest death rate from TBI.¹

What are the costs of TBI?

Direct medical costs and indirect costs such as lost productivity of TBI totaled an estimated \$60 billion in the United States in 2000.⁴

What are the long-term consequences of TBI?

The Centers for Disease Control and Prevention estimates that at least 5.3 million Americans currently have a long-term or lifelong need for help to perform activities of daily living as a result of a TBI.⁵

According to one study, about 40% of those hospitalized with a TBI had at least one unmet need for services one year after their injury. The most frequent unmet needs were:

- ♦ Improving memory and problem solving;
- ♦ Managing stress and emotional upsets;
- ♦ Controlling one's temper; and
- ♦ Improving one's job skills.⁶

TBI can cause a wide range of functional changes affecting thinking, language, learning, emotions, behavior, and/or sensation. It can also cause epilepsy and increase the risk for conditions such as Alzheimer's disease, Parkinson's disease, and other brain disorders that become more prevalent with age.^{7,8}

Collaborating Organizations

Brain Injury Association of America
www.biausa.org
800-444-6443

Centers for Disease Control and Prevention
www.cdc.gov
800-311-3435

Defense and Veterans Brain Injury Center
www.dvbic.org
800-870-9244

Health Resources and Services Administration
www.hrsa.gov
301-443-3376

National Association of State Head Injury Administrators
www.nashia.org
301-656-3500

National Brain Injury Research Treatment and Training Foundation
www.nbirtt.org
434-220-4824

National Center for Medical Rehabilitation Research, NICHD, NIH
www.nichd.nih.gov/about/ncmrr
800-370-2943

National Institute on Disability and Rehabilitation Research
www.ed.gov/about/offices/list/osers/nidrr
202-245-7640

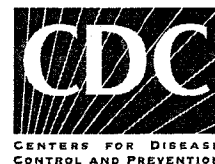
National Institute of Neurological Disorders and Stroke, NIH
www.ninds.nih.gov
800-352-9424

North American Brain Injury Society
www.nabis.org
703-960-6500

Social Security Administration
www.ssa.gov
800-772-1213

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Story available at <http://www.billingsgazette.net/articles/2007/02/07/news/state/75-brain.txt>

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Tribes form brain injury groups

By BECKY SHAY
Of The Gazette Staff

Two brain injury support groups are forming on the Northern Cheyenne and Crow reservations.

The group facilitators are Quintin Kingfisher in Lama Deer and Dean Bird in Crow Agency.

Both men said they have personal experiences with brain-injured loved ones and hope to help fill voids by having support groups in their communities.

The groups are open to those with injuries, their families, their friends and other caregivers, as well as service providers.

"It's mainly about resources," Bird said. "Where to get help and to help themselves, whether it is long-term or immediate."

Kingfisher said the group aims to provide a trusting

and confidential atmosphere to talk.

"It will give people a chance to come and participate," Kingfisher said. "It will give them a platform to be able to share whatever they want to share."

The Centers for Disease Control and Prevention considers traumatic brain injury a serious public health problem for American Indians and Alaska Natives.

Both ethnic groups have more deaths and larger hospitalization rates for traumatic brain injury than any other race, according to the CDC.

Montana ranks second in the nation in the number of traumatic brain injuries per capita, with motor vehicle wrecks the leading cause of the injuries, according to the CDC.

"I think our reservation has a high incidence," Kingfisher said.

The groups were organized with support from the Montana Department of Public Health and Human Services.

The agency's state brain injury coordinator, Nell Eby, said the goal is for members to help guide how the groups develop.

Some groups around the state do fundraising and support outings in the community and attend gatherings such as brain injury conferences, she said.

The groups will begin as a place where people can share information and give each other hope, Eby said.

"For those who are out there looking for a way to meet other people with some of the similar situations, it will give them a great opportunity to connect within the community," Eby said.

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